PLACE OF BIRTH		ARIZONA S	TATE BOARD	of Health
ounty of Gila	BUREAU OF V	ITAL STATISTICS	State Index	No 182
strict of	ORIGINAL CEI	RTIFICATE OF BIRT	•	9.44
wn of	•	ing Artistantian (1997) Artistantian (1997)	Local Regist	rar's No
y of globe	(No		St	Ward)
LL NAME OF CHILD Self If child is not named, make Suppl	Sidney demental Report on ba	ank obtainable from loca	derson al registrar.	Born YES
of Male Twin, Triplet or other	and in o	mber Legiti- order mate? oirth	Date of Birth (Month)	28,/122 (Day) (Yr.)
ne fit. I and	derson	Full Maiden Name	MOTHER NA MI OF	rischer
dence Globe ari	iona	Residence	obe, arij	ona
	day 3 4 (Years)	Color or Race	Age at la Buthd	
place Denver, C	el.	Birthplace Jo2	lin Me	<u> </u>
pation Baker		Occupation /	Housen	rfe
	of children of nother now living	Were pre	cautions taken agair thalmia neonatorum	ist yez
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
eby certify that I attended the b	irth of the above chil	d, and that it occurre	ed on Jan 29	1922, at 4.M.
'When there is no attending physi- n or midwife, then the householder ould make this return.	} (Sig	gnature) Alva (Attending	physician, midwife, ho	se M. B
Siven or Christian name added from	a Filed Jish	Address 9	lose ari	you
2 16 - 1761 - 616	7 3/6	A True Copy	BY S.	REGISTRAR.
COUNTY REGISTRAR.	Filed		COUNTY COUNTY	REGISTRAR.